

MENTAL HEALTH/DEVELOPMENTAL SERVICES  
COLLABORATIVE MEETING  
AUGUST 19, 2010  
MINUTES

Present:

DDS – Jo Ellen Fletcher, Renee Carnes, Jeanie Thurston  
DMH – Claire Sallee  
VMRC – Nicole Weiss  
SG/PRC – Keith Penman, Steve Mouton  
Alta – Kathy Lee, Olivia Balcao  
Mosaic – Peggib Webb  
ARC California – Tony Anderson  
Berkeley Mental Health – Beth Meyerson  
CVRC – Tom Keenen  
WRC – Thompson Kelly, Nathalia Allevato Jimenez  
SELPA Directors Assn. – Rusty Gordon  
RCRC – Kathleen Kasmire  
SDRC – Carlos Flores (Co-Chair)  
Sonoma County MH – Mike Kennedy (Co-Chair)  
Telecare – Ross Peterson, Ann Christen  
ARCA – David Riester, Bob Baldo, Anh Nguyen, Joan Hoss  
CMHDA – Patricia Ryan  
Anchor Program – Amy Urbanowicz, Matthew Santana

By Phone:

IRC – Eliana Lois  
SCDD – Michael Rosenberg  
Private Practice – Barbara Devaney  
Alta RC – David Rydquist

The meeting was co-chaired by Carlos Flores and Mike Kennedy. Following introductions and approval of minutes of the last meeting, the following matters were discussed:

1. New Faces:

Mike Kennedy is the Sonoma County Mental Health Director and will co-chair this committee. Rusty Gordon, SELPA Director for Yuba County, will represent the SELPA Directors Association. Joan Hoss, former MH director for Sutter-Yuba Mental Health, replaces Beth Meyerson as staff to the committee. Beth Meyerson is the new director of Berkeley Mental Health and Public Health and will serve as a member of the MH/DS collaborative.

2. Announcements:

a. On October 7, San Gabriel/Pomona Regional Center will hold an MHSA funded Dual Diagnosis conference entitled, First Response: Early Identification

**MH/DS COLLABORATIVE MEETING  
NOVEMBER 16, 2010  
MINUTES**

Present In Person:

Baldo, Bob  
Carmona, Alfonso  
Carnes, Renee  
Cavagnaro, Andrew  
Christen, Ann  
De Giere, Greg  
Fletcher, JoEllen  
Flores, Carlos  
Gordon, Rusty  
Hoss, Joan  
Januse, Michael  
Kasmire, Kathleen  
Kennedy, Mike  
Kirklin, Hal  
Mouton, Steve  
Penman, Keith  
Peterson, Ross  
Riester, David  
Russell, Lon  
Ryan, Patricia  
Sallee, Claire  
Webb, Pegg  
Wolfe, Wendy  
Yip, Shelton

Present By Phone:

Bazzano, Alicia  
Lehrer, Danise  
Rosene, Lisa  
Tredinnick, Mike  
Wackerman, Sylvia  
Weiss, Nicole

The MH/DS Collaborative meeting was held on November 16, 2010, in Sacramento and was chaired by Carlos Flores and Mike Kennedy. Among the matters discussed were the following:

1. Consultant Reports – Joan Hoss and David Riester reported on preparations for a conference on collaboration, requests for resource information from regional centers, and efforts to monitor resource development.
2. ARCA Report – Bob Baldo reported on regional centers. The current year state deficit is expected to require midyear budget reductions for regional centers. Governor Schwarzenegger has called a special session of the Legislature to respond to the deficit.

The State has been sued by service provider groups seeking restoration of a 1.25% rate cut for the period July 1, 2010 to October 19, 2010 (the date of the signing of the delayed budget bill). This rate reduction is in addition to the continuation of a 3% cut from last year.

The federal government has approved a Medicaid State Plan (SPA) amendment which will permit access to Federal reimbursement retroactive to 2007 for certain services. Day program and transportation services used by regional center clients residing in intermediate care facilities (ICF-DD) are billable. In order to capture Federal funds, the ICF must bill Medi-Cal for the service and reimburse the regional centers for payments already made to the transportation and day program service providers. Regional centers must provide data to the ICFs enabling them to bill Medi-Cal for each month from October, 2007, to the present and each month in the future.

3. Comments on Mental Health Budget – Sonoma County MH has been dealing with budget cuts for eight years. The five divisions in the Health Department were reduced to two divisions. The Mental Health and Drug and Alcohol divisions were combined. Mental Health staff has been reduced from 260 to 155.

Health care reform will bring changes to the mental health system. County mental health programs will rely more heavily on federally qualified health centers (FQHC).

Currently collected revenues for Mental Health Service Act (MHSA) implementation will be spent two years from now. Tax revenues from incomes over \$1M are on the increase and the mandate for maintenance of a prudent reserve will permit continuation of most county MHSA services. Mental health core services are not reliant on State General Fund monies but on dedicated sales tax and vehicle license taxes. Those funds have been declining in the recession.

4. CMHDA Report – Pat Ryan reported that several lawsuits seek to restore AB3632 funds blue-penciled by the Governor. These funds enable county mental health agencies to provide services to K-12 students.

There was further discussion of the potential impact of health care reform and State implementation of an 1115 Medicaid Waiver plan. Counties, rather than the State, will be required to match federal funds for health care. Each county will decide on the percentage of the Federal Poverty Level (FPL) that will qualify families for the county's managed health care plan. The extent to which substance abuse problems will be covered is unclear. Each county will study the

Federal terms and conditions and decide what they are able to do in providing managed care and determining eligibility. Mental health wants to retain the recovery model and avoid the medical model while integrating physical and

mental health and treating the whole person. State law currently requires that counties cover medical care for non-insured indigents. Required mental health services are limited to the extent that resources are available.

In Sonoma County, Mental Health is partnering with FQHCs and Indian Health clinics. Mental Health is working with primary care physicians to train on depression, offering a consultant model.

5. MH Grants Administered by DDS – JoEllen Fletcher reported that the Department of Developmental Services will soon release their Request for Application (RFA). DDS has \$740,000 available to regional centers for three-year projects.

Priorities for the new grant cycle are:

- Enhancing community capacity;
- Promoting long-term collaboration;
- Specialized programs for Transition Age Youth;
- New treatment options to reduce psychiatric hospital admissions;
- Replication of successful projects.

6. Dual Diagnosis Conferences – David Riester reported that San Gabriel Pomona and North Los Angeles Regional Centers recently held a conference featuring Robert Fletcher, Executive Director of the National Association for Dual Diagnosis. Mr. Fletcher was also one of several nationally prominent experts featured at an October conference sponsored by Harbor and Lanterman Regional Centers and Los Angeles County Mental Health. The Mental Health/Developmental Services Conference on Collaboration will be held on December 6, 2010 in Pasadena. The San Diego Solutions Building Project will hold their annual conference on March 9, 2011, focused on Forensic Mental Health Issues. Westside Regional Center has a major conference on dual diagnosis scheduled for April 15, 2010, in Los Angeles.

7. Resource Development Updates – Telecare Corporation will open Sanger Place in December, 2010. This 15-bed Mental Health Rehabilitation Center (MHRC) will provide secure treatment to clients of Central Valley, Kern and Tri-Counties Regional Centers. Each resident will have his/her own bedroom and bathroom. Anticipated length of stay is 12-18 months. Residents must have a legal hold for the locked setting. Clinical Director, Andrew Strambi, has both regional center and county mental health experience. Spanish speakers can be served and some rooms are designed for wheelchair accessibility. Telecare also operates Redwood Place, a delayed egress mental health treatment center serving regional center clients.

Peggie Webb, Director of Mosaic Connections, was a presenter at the NADD Conference on the San Diego Solutions Building Project. This joint project of

San Diego County Mental Health and San Diego Regional Center provides highly enriched intensive treatment services to individuals with the co-occurring disorders of mental illness and developmental disabilities. Peggie also provided training to San Francisco's Anchor Program staff and she had high praise for the treatment provided at this specialized dual-diagnosis clinic.

8. San Diego County Incident – Carlos Flores reported that a regional center client, who is a registered sex offender, has been charged with murder. Following completion of a prison sentence, he was admitted as a sexually violent predator (SVP) to Coalinga State Hospital for treatment. He was released when he was considered unlikely to re-offend.

Mike Kennedy reported that state law declares that sexually violent predators are mentally ill and require treatment in a locked setting. The law creates a new category of mental illness requiring locked treatment. This law may be a model that could be used to address the limits of Welfare and Institutions Code (WIC) 6500 permitting involuntary treatment of persons with mental retardation who are dangerous. There are dangerous individuals for whom neither WIC 6500 or LPS conservatorship for people gravely disabled or dangerous by virtue of mental disorder may be applicable.

9. Federal Reimbursement for MHRC Services – In California, fees paid to the state's seventeen MHRCs are state general fund monies. In Oregon, the state recovers federal funds for care in privately operated Secure Residential Treatment Facilities.
10. Strategic Planning – The MH/DS Collaborative will invite the ARCA Forensic Committee to join them in considering the development of a legal mechanism to permit locked treatment when neither 6500 nor LPS conservatorship is applicable. There are cases in which voluntary treatment in a locked setting is a condition of probation. These committees will also work together to address the problems of individuals with substance abuse issues. Another problem requiring further discussion is how to deal with refusals to take medication necessary to maintain stability in living arrangements.
11. Next Meeting – The MH/DS Collaborative will meet on Wednesday, March 2, 2011, at 10:00 a.m. at the Capitol Plaza Holiday Inn in Sacramento. To participate by telephone, call 1-800-867-2581 and use access code 3071818. The ARCA Forensic Committee members will be invited to participate in this meeting.

Submitted by:  
David Riester

and Treatment of Mental Health needs for Individuals with Intellectual Disabilities. For more information call Jennifer Taylor (SG/PRC) at 909-868-7783.

b. On October 14 and 15, Harbor and Lanterman Regional Centers, the Los Angeles County Department of Mental Health and the National Association for the Dually Diagnosed are conducting an MHSA funded conference in Long Beach. The title is, Breaking the Barriers: Forming Cross-System Partnerships to Effectively Serve Individuals with Mental Illness and Intellectual Disabilities.

These MHSA grants were awarded to the regional centers by DDS.

3. Priorities for DDS MHSA Grants:

Jo Ellen Fletcher requested input on prioritizations for the next cycle of MHSA grants beginning on 7-1-11. State agencies offering health and welfare services have been awarded MHSA funds by DMH for special projects. Participants offered Ms. Fletcher these ideas:

- a. Replicate the San Diego Solutions Building Project in other parts of the state
- b. Promote regional partnerships
- c. Sponsor conference scholarships for mental health staff in financially strapped counties
- d. Establish a computer based resource directory with filtering capability
- e. Fund outpatient Mental Health services as psychiatrists will not accept inadequate Medi-Cal payments
- f. Provide training on assessment and diagnosis
- g. Arrange regional conferences, webinars, teleconferences, and make better use of technology to reduce travel time and cost
- h. Develop specialized services for transition aged youth

DDS will release the Requests for Application in October or November. Awards can only be made to regional centers but they can subcontract for grant project implementation with other entities. Applications from multiple regional centers as well as single center projects will be considered.

4. Community Treatment in Secure Settings:

Ross Peterson and Ann Christen of Telecare Corporation talked about Sanger Place, scheduled to open on or about November 1. This 15 bed locked Mental Health Rehabilitation Center will be located 14 miles SE of Fresno in downtown Sanger, a city with a population of 25,000. TriCounties, Kern and Central Valley regional centers will each have a commitment of 5 beds for their clients. While some start up funds were provided with DDS Community Placement Plan funds, this \$10M new construction project was partially financed by the building owner. The city of Sanger wants the jobs that will be created by the project and their enthusiastic cooperation included the waiving of use permit requirements.

The facility will feature a large community room, a low nursing station, a garden, a Snoezelen multi sensory room, 2 double and 12 solo bedrooms, each with

attached bathroom. All bedrooms will be within the line of sight of the nursing station and there will be licensed nurses on each shift. Staff will include a half time psychiatrist and a rehabilitation therapist. Treatment is based on the recovery centered clinical system pioneered by Telecare at their 30 bed Redwood Place in Castro Valley serving regional center clients with mental illness.

The anticipated length of stay will be 12-18 months and the cost will be \$700/day. An open house is planned for November.

The Telecare MHRC planned for Alameda should open in January, 2012. Alameda County has leased land for the project for 40 years at a lower than market amount. Construction financing issues should be resolved by November and construction will occur over the next 14 months.

5. ARCA Report:

Bob Baldo reviewed some of the more pressing political and economic issues facing regional centers at this time. Topics included the budget delay, cash flow and lines of credit, the anticipated closure of Lanterman Developmental Center, and system reviews by the Bureau of State Audits and the Inspector General.

6. CMHDA Report:

Pat Ryan provided information on the current challenges facing county mental health programs. The legislature rejected the Governor's proposals to move \$600M in realignment funds from Mental Health to the General Fund and to take \$133M scheduled to cover unreimbursed 3632 (mental health services in schools) funding. Rates for IMD's have been frozen. These are long term care facilities serving county mental health consumers. Only county funds are used for payment. An unresolved issue is payment for medical services and drugs for IMD residents. Medi-Cal has covered these costs in the past but that is no longer a funding source. Provider bills sent to the state and the counties are being ignored as each governmental entity believes the other has funding responsibility.

The Federal Government will continue their temporary enrichment of the Medi-Cal rate for core services for economic stimulus purposes. But, MHSA funds are declining as the fund source is a 1% tax on incomes over \$1M. The impact of health care reform on mental health services needs to be closely monitored. In these recessionary times, we are seeing inpatient facilities closing and emergency rooms becoming mental health crisis centers. FY 11-12 will be ugly.

7. Westside Regional Center Dual Diagnosis Training:

Nathalia Allevato Jimenez and Tom Kelly reported on their MHSA funded trainings co-sponsored with North Los Angeles Regional Center. The first training, Challenging Behaviors across the Lifespan, targeted physicians and independent licensed clinicians in May. The second training, Putting the Pieces Together: Behavioral Recognition and Intervention for People with Mental Illness and Developmental Disabilities, was aimed at direct care and social service

professionals. The third training, Addressing Behavioral Challenges in the Therapeutic Setting, was held in June for allied health professionals, including occupational and physical therapists. All three trainings were a great success. Another series of trainings will be offered this winter and target policy makers as well as the other groups.

8. Strategic Planning:

Concerns to be addressed in the future by the Collaborative include:

- a. Keeping the needs of the dually diagnosed on the radar screens of DMH, CMHDA, ARCA and DDS. For mental health agencies, these individuals are a small subset of their consumers. While the quantity may be small, the difficulties posed by this population are considerable.
- b. Determining the feasibility of expanding the law (W&I Code 6500) permitting involuntary placement of people considered dangerous by virtue of mental retardation.
- c. Meeting the needs of jail residents eligible for regional center and mental health services.
- d. Accessing LPS conservatorship by county public guardians when necessary to secure involuntary treatment.
- e. Monitoring the impact on health care reform of both mental health and developmental services.
- f. Matching MHSA funds with First 5 funds.
- g. Parent education.
- h. Dealing with substance abuse issues.
- i. Fulfilling our commitment to hold at least 7 more regional conferences on effective collaboration by 6-30-12.
- j. Meeting the needs of transition aged youth.

9. Next Meeting:

The next meeting of the MH/DS Collaborative will take place on Tuesday, November 16, at 10 AM at the Capitol Plaza Holiday Inn in Sacramento. Lunch will be served. For those calling in the number is 1-800-867-2581 and the access code is 3071818.

Submitted by: David Riester